

Madigan Army Medical Center Referral Guidelines

Lumbar Spinal Stenosis

Diagnosis/Definition

A condition of progressive narrowing of the lumbar spinal canal with congenital and/or degenerative etiology which produces neurologic symptoms or deficits in the lower extremities with or without loss of bowel and bladder control.

Initial Diagnosis and Management

- The initial diagnosis is both clinical and radiographic.
- When symptoms are mild consisting mainly of low back and radicular pain or lower extremity paresthesias which do not preclude normal ambulation, lumbar sacral spine series and physical therapy referral are indicated.
- When symptoms are more severe, either with radicular pain or paresthesias which preclude normal ambulation, or with the presence of sensory or motor deficit in the lower extremities or loss of bowel/bladder control, an imaging study (MRI) is indicated as conservative therapy is unlikely to be helpful and the need for surgical intervention may be indicated.

Ongoing Management and Objectives

- When the symptoms are mild as discussed above, the major consideration is that the lower extremity pain and paresthesias are decreasing and overall back mobility is increasing.
- Physical therapy should be continued often for an extended period (one to two months).
- When symptoms are more severe as explained above (Initial Diagnosis & Management) immediate referral for specialty evaluation should be considered.

Indications for Specialty Care Referral

Non-urgent cases require appropriate imaging studies to be obtained and available for review on the MAMC PACS radiology system (generally MRI) prior to placement of consults into CHCS.

- A. Failure of cases with predominantly lower extremity pain and/or paresthesias to respond in two to four weeks of conservative therapy. This condition indicates a routine referral; however, a diagnostic study (MRI) should be obtained at this time at MAMC prior to neurosurgical consultation. Often a telephone consultation (253-968-3106) might be helpful here in establishing the need for further primary care or arranging more urgent consideration depending upon the case.
- B. Worsening of lower extremity pain and/or paresthesias during adequate conservative therapy.

The presence of neurologic deficit in the lower extremities or symptoms which preclude normal ambulation, e.g. true motor weakness, (as opposed to pain-limited strength) as explained above (Initial Diagnosis & Management) at any time, as those cases are unlikely to improve with conservative therapy. **Acute paralysis, urinary retention, acute urinary or fecal incontinence, or saddle anesthesia require ASAP referral to the Emergency Department.**

Condition C may indicate urgency. A telephone consultation (253-968-3106) should be obtained to arrange disposition. Imaging study (usually MRI) is indicated urgently and can be arranged by the referring provider of the Neurosurgery Service at MAMC following referral of the patient.

Criteria for Return to Primary Care

- Surgery is not presently indicated and a reasonable course of conservative therapy is defined which can be followed at primary care level.
- Surgery has been performed, condition resolved and usual post-op follow-up is completed.

Last Review for this Guideline: **May 2009**

Referral Guidelines require review every three years.

Maintained by the Madigan Army Medical Center - Quality Services Division
Clinical Practice and Referral Guidelines Administrator